D2.

COMMONWEALTH OF DOMINICA
Ministry of Finance

D2. FINGERPRINT AND PHOTOGRAPH VERIFICATION FORM

PART I: To be completed by applicant

Surname :	Gender : M F	Securely attach 45mm x 35mm photograph of applicant here
First or given name and middle name(s) :	Passport number :	
Date of birth :	Passport issuing country :	
Place and country of birth :	Specimen signature (for children who cannot sign,write N/A) :	
Address :		

PART II: To be completed by official recording the fingerprints

I certify that the above applicant's signature was signed in my presence and the photograph attached is the person identified by name above.

Signature of fingerprinting officer : Date and Place :

Officers' full name :	Official stamp :
Designation :	
Address :	

Right Thumb	Right Index	Right Middle	Right Ring	Right Little
Left Thumb	Left Index	Left Middle	Left Ring	Left Little

Left four fingers simultaneously	Right four fingers simultaneously